

## Colorectal cancer

- CA of the Colon Rectum or appendix
- - > \*)% are secondary to adenomatous polyps
- Starts in endothelial layer and invades the underlying layer of muscle
- Third most commonly diagnosed cancer in the world
- Higher prevalence in developed countries
- 1.23 million new cases of colorectal cancer were clinically diagnosed
- 608,000 mortalities

## Epidemiology/risk factors

- Predominantly lifestyle risk factors
- older age, male gender, high intake of fat, alcohol or red meat, obesity, smoking, lack of exercise
- genetic syndromes (HNPCC, Gardner, FAP)
- IBD risk related to length of disease

## Symptoms

- rectal bleeding, anemia, constipation, weight loss, fever loss of appetite, nausea, vomiting

## Screening

- 50-75 if no other important risk factors
- Flex sig every 5 years
- Colonoscopy every ten years
- Annual immunochemistry stool testing
- Annual fecal occult blood testing

## Treatment

- Surgery for localized disease
- Chemotherapy to be used as an adjuvant to surgery
- Radiation occasionally used but high risk for complications secondary to GI sensitivity

## Algorithms and helpful websites:

[http://www.uptodate.com/contents/image?imageKey=GAST/59784&topicKey=PC%2F7565&source=outline\\_link&search=colorectal+screening&utdPopup=true](http://www.uptodate.com/contents/image?imageKey=GAST/59784&topicKey=PC%2F7565&source=outline_link&search=colorectal+screening&utdPopup=true)

## Sources:

<http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>

[http://www.uptodate.com/contents/screening-for-colorectal-cancer-strategies-in-patients-at-average-risk?source=search\\_result&search=colorectal+screening&selectedTitle=1%7E150](http://www.uptodate.com/contents/screening-for-colorectal-cancer-strategies-in-patients-at-average-risk?source=search_result&search=colorectal+screening&selectedTitle=1%7E150)

[http://www.cdc.gov/cancer/colorectal/basic\\_info/screening/guidelines.htm](http://www.cdc.gov/cancer/colorectal/basic_info/screening/guidelines.htm)

## Testing options for the early detection of colorectal cancer and adenomatous polyps for asymptomatic adults aged 50 years and older (Multi-Society Task Force)

Tests that detect adenomatous polyps and cancer
Flexible Sigmoidoscopy every 5 years, <b>OR</b>
Colonoscopy every 10 years, <b>OR</b>
Double Contrast Barium Enema every 5 years, <b>OR</b>
CT Colonoscopy every 5 years*
Tests that primarily detect cancer
Annual guaic Fecal occult blood testing with high test sensitivity for cancer, <b>OR</b>
Annual Fecal immunochemical testing with high test sensitivity for cancer, <b>OR</b>
sDNA, with high sensitivity for cancer, interval uncertain

### Summary of the characteristics of screening tests for colorectal cancer

Screening test	Test performance (sensitivity, specificity)	Complexity	Potential effectiveness	Evidence of effectiveness	Screening test risk
Fecal occult blood test	Intermediate for cancers, low for polyps	Lowest	Lowest	Strongest	Lowest
Fecal immunochemical test for hemoglobin	Intermediate for cancers, low for polyps	Low	Low	Weakest	Lowest
Flexible sigmoidoscopy	High for up to half of the colon	Intermediate	Intermediate	Intermediate	Intermediate
FOBT + flexible sigmoidoscopy	Same as flexible sigmoidoscopy and FOBT	Intermediate	Intermediate	Intermediate	Intermediate
Double contrast barium enema	Intermediate	High	High	Weakest	Intermediate
Colonoscopy	Highest	Highest	Highest	Weakest	Highest
Computed tomographic colonography	High (similar to colonoscopy)	High	High	Weakest	Low

## Algorithm for CRC screening and surveillance in average-risk and increased-risk populations

